

PLAINTIFF <i>Michael M. Torrey</i>	COURT CASE NUMBER <i>FILED IN CLERK'S OFFICE</i>
DEFENDANT <i>State of Mass. v. Robert A. Harte, Jr.</i>	TYPE OF PROCESS <i>2025 JAN -3 PM 4:00</i>
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Robert A. Harte, Jr. Individually and as U.S. District Court</i>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>365 Lawrence Corner Road, Dartmouth, MA 02747</i>
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
<i>Michael M. Torrey</i>	
<i>214 Prospect Street</i>	
<i>Brockton, MA 02501</i>	
Number of process to be served with this Form - 285	
Number of parties to be served in this case	
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

I spoke to Mass State Police Egan is working as a Detective and service can also be made to 326 West Grove Street in Andover, MA. State Police Barracks 28 Legal Dept per State Police I called the Dartmouth Office that has been in

Signature of Attorney or other Originator requesting service on behalf of: <i>Michael M. Torrey</i>	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <i>383263157</i>	DATE <i>Jan 3, 25</i>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
Address (complete only if different than shown above)	Date of Service	Time	am
			pm
Signature of U.S. Marshal or Deputy			

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

